

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-275)**

**FILEING DATE**

**APPLICANT(S)**

09532 510

3-21-a

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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TOTAL IND.	4					
TOTAL DEP.	21					
TOTAL CLAIMS	35					

APPLICANT(S)		FILING DATE			
091532 510		3-21-00			
CLAIMS					
		IND.	DEP.	IND.	DEP.
51					
52					
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100					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					